

# S A T U R D A Y

12:30 am	T	THIS IS THE LIFE Drama (30 min.)
1:00 am	T	THE LUNDSTROMS (30 min.)
1:30 am	T	PRAISE ! Var. (1 hr.)
2:30 am	T	PRAISE ! Var. (1 hr.)
3:30 am	T	RON DRYDEN - A SONG OF PRAISE (30 min.)
4:00 am	T	PUBLIC REPORT (30 min.)
4:30 am	T	ORAL ROBERTS (30 min.)
5:00 am	T	LOVE SPECIAL w/Nancy Harmon (1 hr.)
6:00 am	T	PRACTICE MAKES PERFECT w/Pastor Ed Smith (30 min.)
6:30 am	T	AND IT SHALL COME TO PASS w/Hilton Sutton (30 min.)
7:00 am	T	BEHIND THE SCENES (15 min.)
7:15 am	T	11:59...AND COUNTING w/Willard Cantelon (5 min.)
7:20 am	T	THE WORD Rel. (5 min.)
7:25 am	T	JOY TO THE WORLD w/Arthur Blessitt (5 min.)
7:30 am	T	PUPPET TREE GANG Children (30 min.)
8:00 am	T	K.P.T.L. Children (30 min.)
8:30 am	T	K.P.T.L. Children (30 min.)
9:00 am	T	BACKYARD Children (30 min.)
9:30 am	T	BIBLE BOWL Children (30 min.)
10:00 am	T	CAPTAIN ANDY Children (30 min.)
10:30 am	T	PUPPET TREE GANG Children (30 min.)
11:00 am	L	K.P.T.L. Children (30 min.)
11:30 am	L	K.P.T.L. Children (30 min.)
12:00 NOON	T	DEAF WORLD w/Rev. Delbert Hosteller(30 min.)
12:30 pm	T	REPORTES PUBLICOS w/Armando Ramirez Spanish (30 min.)
1:00 pm	T	ESHA ES LA FIDA (30 min.)
1:30 pm	T	VEN ESPIRITO SANTO w/Rody Montoya Spanish (30 min.)
2:00 pm	T	BUENOS AMIGOS w/Elmer Bueno Spanish (30 min.)
2:30 pm	T	FELICIDAD w/David Espinoza Spanish (30 min.)
3:00 pm	L	DIJOS GLORIA A DIOS w/Manuel & Anita Bonilla Spanish (1 hr.)
4:00 pm	L	DIJOS GLORIA A DIOS w/Manuel & Anita Bonilla Spanish (1 hr.)
5:00 pm	T	REX HEMBARO Spanish (1 hr.)
6:00 pm	T	TODAY IN BIBLE PROPHECY w/Dr. Charles Taylor (30 min.)
6:30 pm	T	FAITH THAT SINGS w/Dr. Wilbur Nelson (30 min.)
7:00 pm	T	HOOR OF POWER w/Dr. Robert Schuller (1 hr.)
8:00 pm	T	TRINITY FILM FEATURES (90 min.)
9:30 pm	T	FAITH FOR TODAY Drama (30 min.)
10:00 pm	T	OUR JEWISH ROOTS w/Dr. Roy Blizzard (30 min.)
10:30 pm	T	ZOLA LEVITT (30 min.)
11:00 pm	T	TREASURES OUT OF DARKNESS w/Sonny Arguinzoni (30 min.)
11:30 pm	T	CHANGING LIVES w/Jim Kempner (1 hr.)

(11)

026823

TRINITY BROADCASTING NETWORK, INC.

Program Log

KTBN (CHANNEL 40)

P.O. Box A  
Santa Ana, CA. 92711

CALIFORNIA TRANSLATORS

Desert Hot Springs	K60BB	Channel 60
Lancaster	K62AN	Channel 62
Inyokern/Ridgecrest	K53AM	Channel 53
Thousand Oaks	K55CC	Channel 55
Santa Barbara	K65BP	Channel 65
Palm Springs	K66BM	Channel 65
Victorville	K64AT	Channel 64

KPAZ (CHANNEL 21)

P.O. Box 5210  
Phoenix, AZ. 85010

ARIZONA TRANSLATORS

Flagstaff	K62BA	Channel 62
Cottonwood/Jerome/Clarksdale	K58AV	Channel 58
Tucson	K57BD	Channel 57

COLORADO TRANSLATORS

Denver	K57BT	Channel 57
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WEFT (CHANNEL 45)

P.O. Box TV 45  
Miami, FL. 33162

12

026824

TRANSLATOR TV, INC.

Proposed Budget

Pending the outcome of the FCC ruling on local origination, the following is a proposed budget for one translator for one year.

Capital Expenditures

2 3/4" video tape recorders	\$2,000
1 Switcher	3,000

Maintenance

Labor	\$ 250
Electricity	1,200
Lease rental	3,300

Total per year \$9,750

contributions from

The sources of income for the above will be Telethons as well as thirty second spot announcements.

Second year expenditures include the costs of operating two translators and capital expenditures for one translator.

Capital Expenditures

2 3/4" video tape recorders	\$2,000
1 Switcher	3,000

Maintenance

Labor	\$ 500
Electricity	2,400
Lease Rental	6,600

Total per year \$14,500

(13)

It is highly improbable that more than two translator licenses will be granted to the corporation in the first two years. At the event additional licenses are granted the corporate income will be paid up front.

026825

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37

June 22, 1981

Mr. Chip Grange  
GAMMON & GRANGE LAW OFFICES  
1925 K Street, N.W. Suite 300  
Washington, D.C. 20006

Dear Chip:

Enclosed please find revisions of a couple of the items included  
in TTV's IRS tax exemption report.

Thank you for your help.

Sincerely,

Jane Duff  
Assistant to the President  
TRINITY BROADCASTING NETWORK, INC.

JD:ja

026840

Federal Communications Commission

Docket No. 93-75 Exhibit No. 37

Presented by MMB

Disposition	{	Identified	<u>12.3.93</u>
		Reserved	<u>12.3.93</u>
		Rejected	

Reporter G. L. Anderson  
12.3.93



## TRANSLATOR TV, INC.

Post Office Box A  
Santa Ana, California 92711

Paul F. Crouch  
Founder/President

### PROPOSED BUDGET

Pending the outcome of the FCC ruling on local origination, the following is a proposed budget for one translator for one year.

#### Capital Expenditures

2 3/4" video tape recorders	\$ 2,000
1 Switcher	3,000

#### Maintenance

Labor	\$ 250
Electricity	1,200
Lease rental	3,300

Total per year \$ 9,750

The sources of income for the above will be contributions from Telethons as well as contributions as a result of thirty second spot announcements.

Second year expenditures include the costs of operating two translators and capital expenditures for one translator.

#### Capital Expenditures

2 3/4" video tape recorders	\$ 2,000
1 Switcher	3,000

#### Maintenance

Labor	\$ 500
Electricity	2,400
Lease Rental	6,600

Total per year \$ 14,500

It is improbable that more than two translator licenses will be granted to the corporation in the first two years. In the event additional licenses are granted, the corporate income and expenses will be increased on a proportionate basis.

✓  
m  
m  
B  
E  
X  
38

*INITIAL RETURN*  
**Return of Organization Exempt from Income Tax**

Under section 501(c) (except black lung benefit trust or private foundation), 501(e) or (f) of the Internal Revenue Code

**CLIENT'S COPY**

**1980**

For the calendar year 1980, or fiscal year beginning SEPTEMBER 19, 1980, and ending DECEMBER 31, 1980

Use IRS label. Otherwise, please print or type.	Name of organization <u>TRANSLATOR T.V. INC.</u>	A Employer identification number (see instructions) <u>95 3553530</u>
	Address (number and street) <u>2442 MICHELLE DRIVE</u>	B If exemption application is pending, check here . . . . . <input type="checkbox"/>
	City or town, State, and ZIP code <u>TUSTIN, CA 92680</u>	C If address changed check here . . . <input type="checkbox"/>

D Check applicable box—Exempt under section ☒ 501(c) ( 3 ) (insert number), ☐ 501(e) OR ☐ 501(f).

E Is this a group return (see instruction I) filed for affiliates? . . . ☐ Yes ☒ No  
Is this a separate return filed by a group affiliate? . . . . . ☐ Yes ☒ No

If "Yes" to either, give four-digit group exemption number (GEN)         

☐ Check here if gross receipts for the year were more than \$10,000 and do not complete the rest of this return (see instruction B(1)).

☐ Check here if gross receipts for the year were more than \$10,000 and line 12 is \$25,000 or less. Complete Parts I, II, IV, and V and only the portions of Parts III and V (see instruction V) if line 12 is more than \$25,000; complete the entire return.

All section 501(c)(3) organizations must also complete Schedule A (Form 990) and attach it to this return.

Part I Analysis of Revenue, Expenses, and Fund Balances				(A) Total	These columns are optional—see instructions	
					(B) Restricted/Nonexpendable	(C) Unrestricted/Expendable
Revenue	1 Contributions, gifts, grants, and similar amounts received:					
	(a) Directly from the public . . . . .			<u>31.033</u>		
	(b) Through professional fundraisers . . . . .					
	(c) As allotments from fundraising organizations . . . . .					
	(d) As government grants . . . . .					
	(e) Other . . . . .					
	(f) Total (add lines 1(a) through 1(e)) (attach schedule—see instructions) . . . . .			<u>31.033</u>		
	2 Membership dues and assessments . . . . .					
	3 Interest . . . . .					
	4 Dividends . . . . .					
	5 (a) Gross rents . . . . .					
	(b) Minus: Rental expenses . . . . .					
(c) Net rental income (loss) . . . . .						
6 Royalties . . . . .						
7 (a) Gross amount received from sale of assets other than inventory . . . . .						
(b) Minus: Cost or other basis and sales expenses . . . . .						
(c) Net gain (loss) (attach schedule) . . . . .						
8 Special fundraising events and activities (itemize):						
Type of event			Receipts	Expenses		
(a) Total receipts . . . . .						
(b) Total expenses . . . . .						
(c) Net income (line 8(a) minus line 8(b)) . . . . .						
9 (a) Gross sales minus returns and allowances . . . . .						
(b) Minus: Cost of goods sold (attach schedule) . . . . .						
(c) Gross profit (loss) . . . . .						
10 Program service revenue (from Part II, line (f)) . . . . .						
11 Other revenue (from Part II, line (g)) . . . . .						
12 Total revenue (add lines 1(f), 2, 3, 4, 5(c), 6, 7(c), 8(c), 9(c), 10, and 11) . . . . .			<u>31.033</u>			
Expenses	13 Fundraising (from line 40(B)) . . . . .					
	14 Program services (from line 40(C)) . . . . .					
	15 Management and general (from line 40(D)) . . . . .			<u>23.249</u>		
	16 Total expenses (from line 40(A)) . . . . .			<u>23.249</u>		
Fund Balances	17 Excess (deficit) for the year (subtract line 16 from line 12) . . . . .			<u>7.784</u>		
	18 Fund balances or net worth at beginning of year (from line 65(A)) . . . . .					
	19 Other changes in fund balances or net worth (attach explanation) . . . . .					
	20 Fund balances or net worth at end of year (add lines 17, 18, and 19) . . . . .			<u>7.784</u>		<u>01805</u>

Federal Communications Commission

Docket No. 93-75 Exhibit No. 38

Presented by MMB

Disposition	{	Identified	<u>12-3-93</u>
		Received	<u>12-3-93</u>
		Rejected	

Reporter awd  
12-3-93

Part II Program Service Revenue and Other Revenue (State Nature)		Program service revenue	Other revenue
(a) _____			
(b) _____			
(c) _____			
(d) _____			
(e) _____			
(f) Total program service revenue (Enter here and on line 10) . . . . .			
(g) Total other revenue (Enter here and on line 11) . . . . .			

**Part III Allocation of Expenses by Function** If line 12, Part I is \$25,000 or less, you should complete only the line items for columns (A) and (B), Part III. If line 12 is more than \$25,000, complete columns (A), (B), (C), and (D).

Do not include amounts reported on line 5(b), 7(b), 8(b), or 9(b) of Part I.		(A) Contributions	(B) Other	(C) Program services	(D) Management and general
21 Contributions, gifts, grants, and similar amounts awarded (attach schedule) . . . . .					
22 Benefits paid to or for members . . . . .					
23 Compensation of officers, directors, and trustees . . . . .					
24 Other salaries and wages . . . . .					
25 Pension plan contributions . . . . .					
26 Other employee benefits . . . . .					
27 Payroll taxes . . . . .					
28 Fees for fundraising . . . . .					
29 Other professional services . . . . .		385			385
30 Interest . . . . .					
31 Occupancy . . . . .					
32 Rental and maintenance of equipment . . . . .		15,542			15,542
33 Printing and postage . . . . .					
34 Telephone . . . . .					
35 Supplies . . . . .					
36 Travel . . . . .					
37 Other expenses (itemize):					
UTILITIES . . . . .		767			767
ADVERTISING - LOCAL NOTICES . . . . .		537			537
RENT - LAND LEASE . . . . .		2,205			2,205
38 Total expenses before depreciation (add lines 21 through 37) . . . . .		19,436			19,436
39 Depreciation, depletion, etc. . . . .		3,813			3,813
40 Total (add lines 38 and 39). Enter here and on lines 13 through 16. . . . .		23,249			23,249

**Part IV List of Officers, Directors, and Trustees (See Instructions)**

(A) Name and address	(B) Title and time spent on position	(C) Compensation	(D) Contributions to employee benefit plans	(E) Expense account and other allowances
NONE		NONE		

**Part V** Balance Sheet

If line 12, Part I is \$25,000 or less, you should complete only lines 53 and 60 and, if you do not use fund accounting, line 64. If line 12 is more than \$25,000, complete the entire balance sheet.

Assets		(A) Beginning of tax year	(B) End of tax year
<b>41 Cash:</b>			
(a) Savings and interest-bearing accounts . . . . .			
(b) Other . . . . .			
<b>42 Accounts receivable:</b>			
(a) Beginning receivables ▶ minus allowance for doubtful accounts ▶			
(b) Ending receivables ▶ minus allowance for doubtful accounts ▶			
<b>43 Notes receivable:</b>			
(a) Beginning receivables ▶ minus allowance for doubtful accounts ▶			
(b) Ending receivables ▶ minus allowance for doubtful accounts ▶			
(c) Loans to officers, directors, and trustees (attach schedule)			
<b>44 Inventories . . . . .</b>			
<b>45 Government obligations:</b>			
(a) U.S. and instrumentalities . . . . .			
(b) State and its subdivisions . . . . .			
<b>46 Investments in corporate bonds, etc. (attach schedule) . . . . .</b>			
<b>47 Investments in corporate stocks (attach schedule) . . . . .</b>			
<b>48 Mortgage loans (number of loans ▶) . . . . .</b>			
<b>49 Other investments (attach schedule) . . . . .</b>			
<b>50 Depreciable (depletable) assets (attach schedule):</b>			
(a) Beginning assets ▶ <sup>-0-</sup> minus accumulated depreciation ▶		0	
(b) Ending assets ▶ <u>61,012</u> minus accumulated depreciation ▶ <u>3,213</u>			57,199
<b>51 Land . . . . .</b>			
<b>52 Other assets (attach schedule) . . . . .</b>			
<b>53 Total assets . . . . .</b>		-0-	57,199
Liabilities			
<b>54 Accounts payable . . . . .</b>			
<b>55 Contributions, gifts, grants, etc., payable . . . . .</b>			
<b>56 Bonds and notes payable (attach schedule) . . . . .</b>			
<b>57 Mortgages payable . . . . .</b>			
<b>58 Loans from officers, directors, and trustees (attach schedule) . . . . .</b>			
<b>59 Other liabilities (attach schedule) . . . . .</b> <u>STMT I</u>		-0-	49,415
<b>60 Total liabilities . . . . .</b>		-0-	49,415
Fund Balances and Net Worth			
Complete this section of the balance sheet based on the accounting method you normally use. Please check either "Fund Accounting" or "All Others," and give the information requested under the box you checked.			
<b>Fund Accounting</b>	<b>All Others</b>		
Check here . . . . . <input checked="" type="checkbox"/>	Check here . . . . . <input type="checkbox"/>		
<b>61 Current funds:</b>			
(a) Unrestricted . . . . .			
(b) Restricted . . . . .			
<b>62 Land, buildings, and equipment . . . . .</b>	Capital stock or trust principal . . . . .		
<b>63 Endowment and similar funds . . . . .</b>	Paid-in or capital surplus . . . . .		
<b>64 Other . . . . .</b>	Retained earnings or accumulated income		
<b>65 Total fund balances . . . . .</b>	<b>Total net worth . . . . .</b>	-0-	7,784
<b>66 Total liabilities and fund balances or net worth . . . . .</b>		-0-	57,199

**Part VI** Statements About Activities

	Expenses	Yes	No
67 Describe each significant program service activity and indicate the total expenses paid or incurred in connection with each:			
(a) _____			
(b) _____			
(c) _____			
(d) _____			
68 Has the organization engaged in any activities not previously reported to the Internal Revenue Service? . . . . .			X
If "Yes," attach a detailed description of the activities.			
69 Have any changes been made in the organizing or governing documents, but not reported to IRS? . . . . .			X
If "Yes," attach a conformed copy of the changes.			
70 (a) Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? .			X
(b) If "Yes," have you filed a tax return on Form 990-T, Exempt Organization Business Income Tax Return, for this year? .			
(c) If the organization has gross sales or receipts from business activities not reported on Form 990-T, attach a statement explaining your reason for not reporting them on Form 990-T.			
71 Was there a liquidation, dissolution, termination, or substantial contraction during the year (see instructions)? . . . . .			X
If "Yes," attach a statement as described in the instructions.			
72 Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization (see instructions)? . . . . .		X	
If "Yes," enter the name of organization <u>SEE STMT 1</u> and check whether it is <input type="checkbox"/> exempt OR <input type="checkbox"/> nonexempt.			
73 (a) Enter any political expenditures, direct or indirect, as described in the instructions . . . . .	- 0 -		
(b) Did you file Form 1120-POL, U.S. Income Tax Return of Certain Political Organizations, for this year? . . . . .			X
74 Did your organization receive donated services or the use of facilities or equipment at no charge or at substantially less than fair rental value? . . . . .			X
If "Yes," you may, if you choose, indicate the value of these items here. Do not include this amount elsewhere on this return . . . . .			
The following statements should be completed ONLY for the organizations indicated.			
75 Section 501(c)(5) or (6) organizations.—Did the organization spend any amounts in an attempt to influence public opinion about legislative matters or referendums (see instructions and Regulations section 1.162-20(c))? . . . . .			
If "Yes," enter the total amount spent for this purpose . . . . .			
76 Section 501(c)(7) organizations.—Enter amount of:			
(a) Initiation fees and capital contributions included on line 12 . . . . .			
(b) Gross receipts, included in line 12, for public use of club facilities (see instructions) . . . . .			
(c) Does the club's governing instrument or any written policy statement provide for discrimination against any person because of race, color, or religion? . . . . .			
77 Section 501(c)(12) organizations.—Enter amount of:			
(a) Gross income received from members or shareholders . . . . .			
(b) Gross income received from other sources (do not net amounts due or paid to other sources against amounts due or received from them) . . . . .			
78 Public interest law firms.—Attach information described in instructions.			
79 The books are in care of <u>TRINITY BROADCASTING NETWORK</u> Telephone No. <u>(714) 833-2950</u>			
Located at <u>2442 MICHELLE DR TUSTIN, CA 92680</u>			

Please  
Sign  
Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

**CLIENT'S COPY**

Signature of officer

Date

Title

Paid  
Preparer's  
Use OnlyPreparer's  
signature  
and dateFirm's name (or  
yours, if self-employed)  
and addressMAIN HURDMAN CPA'S 25-0546238  
NEWPORT BEACH, CALIFORNIA 92660Check if self-employed ☐

ZIP code

NAME TRANSLATOR T.V., INC.

IDENTIFICATION NO. 95-3553530

EMENT NO. I

YEAR ENDED 12/31/80

RELATED ORGANIZATIONS

STATUS

TRINITY BROADCASTING NETWORK, INC.

EXEMPT

TRINITY BROADCASTING OF DENVER

EXEMPT

TRINITY BROADCASTING OF FLORIDA

EXEMPT

TRINITY BROADCASTING OF SEATTLE

EXEMPT

TRINITY BROADCASTING OF ARIZONA

EXEMPT

TRINITY BROADCASTING OF HAWAII

EXEMPT

TRINITY BROADCASTING OF TEXAS

EXEMPT

TRINITY BROADCASTING OF OKLAHOMA CITY

EXEMPT

INTERNATIONAL PANORAMA T.V., INC.

NON-EXEMPT

OTHER LIABILITIES

1980

INTERCOMPANY PAYABLE

19,415

5

01809

NAME TRANSLATOR T.V., INC.

IDENTIFICATION NO. 95-3553530

MENT NO. I

YEAR ENDED 12-31-81

12-31-81

OTHER EXPENSES

PROFESSIONAL FEES

128

ADVERTISING

3092

REPAIRS & MAINT. OF EQUIP.

22754

26074

6

01804

**CLIENT'S COPY**

Department of the Treasury—Internal Revenue Service

**Information Request for Form 990****Return of Organization Exempt from Income Tax**Name of organization Translator T.V., Inc.Employer identification number 95-3553530 Year ending Dec. 31, 1980

Please send us the information checked below and on the back of this form. Attach separate sheets if necessary.

- ☐ In checking your Form 990, we found that it was not signed. Please have an authorized official sign the declaration on the back of this form.
- ☒ In checking your Form 990, we found that your Schedule A is missing. Please complete the enclosed Schedule A.
- ☐ Please show the amount of your organization's gross receipts: \$ \_\_\_\_\_
- ☐ For Part I below, please complete lines 1(f), 2, 5(b), 7(b), 8(b), 9(b) and 12.

<b>Part I Analysis of Revenue, Expenses and Fund Balances</b>		<b>Total</b>
<b>Revenue</b>	<b>1 Contributions, gifts, grants and similar amounts received:</b>	
	(a) Directly from the public . . . . .	
	(b) Through professional fundraisers . . . . .	
	(c) As allotments from fundraising organizations . . . . .	
	(d) As government grants . . . . .	
	(e) Other . . . . .	
	(f) Total (add lines 1(a) through 1(e)) (attach schedule—see instructions) . . . . .	
	<b>2 Membership dues and assessments . . . . .</b>	
	<b>3 Interest . . . . .</b>	
	<b>4 Dividends . . . . .</b>	
	<b>5 (a) Gross rents . . . . .</b>	
	(b) Minus: Rental expenses . . . . .	
	(c) Net rental income . . . . .	
	<b>6 Royalties . . . . .</b>	
	<b>7 (a) Gross amount received from sale of assets other than inventory . . . . .</b>	
(b) Minus: Cost or other basis and sales expenses . . . . .		
(c) Net gain/loss (attach schedule) . . . . .		
<b>8 Special fundraising events and activities:</b>		
(a) Total receipts . . . . .		
(b) Total expenses . . . . .		
(c) Net income (line 8(a) minus line 8(b)) . . . . .		
<b>9 (a) Gross sales minus returns and allowances . . . . .</b>		
(b) Minus: Cost of goods sold (attach schedule) . . . . .		
(c) Gross profit (loss) . . . . .		
<b>10 Program service revenue (from Part II, line (f)) . . . . .</b>		
<b>11 Other revenue (from Part II, line (g)) . . . . .</b>		
<b>12 Total revenue (add lines 1(f), 2, 3, 4, 5(c), 6, 7(c), 8(c), 9(c), 10 and 11) . . . . .</b>		

- ☐ Please state the amount of pay or other benefits paid to any of your officers, directors, or trustees: \$ \_\_\_\_\_  
If none was paid, write "none."
- ☐ Please send a list of the names and addresses of your officers, directors, and trustees. Also show any amount of salary or other forms of compensation paid to each.

(7)

(over)

Form 5408 (Rev. 1-80) 01810

SCHEDULE A  
(Form 990)  
Department of the Treasury  
Internal Revenue Service

Organization Exempt Under 501(c)(3)  
(Except Private Foundation) Supplementary Information  
▶ Attach to Form 990.

1980

Name TRANSLATOR T.V. INC. Employer identification number 95 3553530

**Part I** Compensation of Five Highest Paid Employees  
(Other than Officers, Directors, and Trustees—see specific instructions)

Name and address of employees paid more than \$30,000	Title and time devoted to position	Compensation	Contributions to employee benefit plans	Expense account and other allowances
<u>NONE</u>				
Total number of other employees paid over \$30,000 . ▶				

**Part II** Compensation of Five Highest Paid Persons for Professional Services  
(See specific instructions)

Name and address of persons paid more than \$30,000	Type of service	Compensation
<u>NONE</u>		
Total number of others receiving over \$30,000 for professional services . . . . . ▶		

**Part III** Statements About Activities

	Yes	No
1 During the year have you attempted to influence national, State or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? . . . . .		X
If "Yes," enter the total of the expenses paid or incurred in connection with the legislative activities \$ . . . . .		
Complete Part VI of this form for organizations that made an election under section 501(h) on Form 5768 or other statement. For other organizations checking "Yes," attach a statement giving a detailed description of the legislative activities and a classified schedule of the expenses paid or incurred.		
2 During the year have you, either directly or indirectly, engaged in any of the following acts with a trustee, director, principal officer or creator of your organization, or any organization or corporation with which such person is affiliated as an officer, director, trustee, majority owner or principal beneficiary:		
(a) Sale, exchange, or leasing of property? . . . . .		X
(b) Lending of money or other extension of credit? . . . . .		X
(c) Furnishing of goods, services, or facilities? . . . . .	X	
(d) Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? . . . . .		X
(e) Transfer of any part of your income or assets? . . . . .		X
If the answer to any question is "Yes," attach a detailed statement explaining the transactions.		
3 Attach a statement explaining how you determine that individuals or organizations receiving disbursements from you in furtherance of your exempt programs qualify to receive payments. (See specific instructions.)		
4 Do you make grants for scholarships, fellowships, student loans, etc.? . . . . .		X

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**Part IV Reason for Non-Private Foundation Status (See instructions for definitions)**

The organization is not a private foundation because it is (check applicable box; please check only ONE box):

- 1 ☐ A church. Section 170(b)(1)(A)(i).
- ☐ A school. Section 170(b)(1)(A)(ii). (Also complete Part V, page 3.)
- 3 ☐ A hospital. Section 170(b)(1)(A)(iii).
- 4 ☐ A governmental unit. Section 170(b)(1)(A)(v).
- 5 ☐ A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter name and address of hospital ►
- 6 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete Support Schedule.)
- 7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete Support Schedule.)
- 8 ☐ An organization that normally receives: (a) no more than 1/3 of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975, and (b) more than 1/3 of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions. Section 509(a)(2). (Use cash receipts and disbursements method of accounting; also complete Support Schedule.)
- 9 ☐ An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in (1) boxes 1 through 8 above or (2) sections 501(c)(4), (5), or (6) if they meet the test of section 509(a)(2). Section 509(a)(3).

Provide the following information about the supported organizations. (See instructions for Part IV, box 9.)

(a) Name of supported organizations	(b) Box number from above

## (c) Relationship of supported organizations to your organization:

- (1) Check here ☐ if the supported organizations appoint a majority of your governing board.
- (2) Check here ☐ if a majority of your governing board belong to governing boards of the supported organizations.
- (3) Check here ☐ if (1) or (2) above does not apply. (See Regulations 1.509(a)-4.)

## (d) If applicable, enter the number of supported organizations exempt under:

(1) Section 501(c)(4)	
(2) Section 501(c)(5)	
(3) Section 501(c)(6)	

(e) Check here ☐ if your organization's main function is to provide funds to the supported organizations.

- 10
- ☐
- An organization organized and operated to test for public safety. Section 509(a)(4). (See specific instructions.)

**Support Schedule (Complete only if you checked box 6, 7, or 8 above)**

Calendar year (or fiscal year beginning in) ►	(a) 1979	(b) 1978	(c) 1977	(d) 1976	(e) Total
11 Gifts, grants, and contributions received. (Do not include unusual grants. See line 24 below.)	- 0 -	- 0 -	- 0 -	- 0 -	- 0 -
12 Membership fees received					
13 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is not a business unrelated to the organization's exempt purpose					
14 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975					01812
15 Net income from unrelated business activities not included in line 14				9	

**Part IV** Support Schedule (continued) (Complete only if you checked box 6, 7, or 8 on page 2)

Calendar year (or fiscal year beginning in) ►	(a) 1979	(b) 1978	(c) 1977	(d) 1976	(e) Total
Tax revenues levied for your benefit and either paid to you or expended on your behalf . . . . .					
17 The value of services or facilities furnished to you by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge . . . . .					
18 Other income. Attach schedule. Do not include gain (or loss) from sale of capital assets . . . . .					
19 Total of lines 11 through 18 . . . . .	- 0 -	- 0 -	- 0 -	- 0 -	- 0 -
20 Line 19 minus line 13 . . . . .	- 0 -	- 0 -	- 0 -	- 0 -	- 0 -
21 Enter 1% of line 19 . . . . .	- 0 -	- 0 -	- 0 -	- 0 -	

**22** Organizations described in box 6 or 7, page 2:

- (a) Enter 2% of amount in column (e), line 20 . . . . .
- (b) Attach a list showing the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1976 through 1979 exceeded the amount shown in 22(a). Enter the sum of all excess amounts here . . . . .

- 0 -

NOT  
APPLICABLE

**23** Organizations described in box 8, page 2:

- (a) Attach a list, for amounts shown on lines 11, 12, and 13, showing the name of, and total amounts received in each year from each "disqualified person," and enter the sum of such amounts for each year:

(1979)..... (1978)..... (1977)..... (1976).....

- (b) Attach a list showing, for 1976 through 1979, the name and amount included in line 13 for each person (other than "disqualified persons") from whom the organization received more, during that year, than the larger of: the amount on line 21 for the year or \$5,000. Include organizations described in boxes 1 through 7 as well as individuals. Enter the sum of these excess amounts for each year:

(1979)..... (1978)..... (1977)..... (1976).....

- 24** For an organization described in boxes 6, 7, or 8, page 2, that received any unusual grants during 1976 through 1979, attach a list for each year showing the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not include these grants in line 11 above. (See specific instructions.)

**Part V** Private School Questionnaire  
To Be Completed ONLY by Schools that Checked Box 2 in Part IV

N/A

- |  | Yes | No |
|--|-----|----|
| 1 Do you have a racially nondiscriminatory policy toward students by statement in your charter, bylaws, other governing instrument, or in a resolution of your governing body? . . . . .   |     |    |
| 2 Do you include a statement of your racially nondiscriminatory policy toward students in all your brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? . . . . .  |     |    |
| 3 Have you publicized your racially nondiscriminatory policy by newspaper or broadcast media during the period of solicitation for students or during the registration period if you have no solicitation program, in a way that makes the policy known to all parts of the general community you serve? . . . . . |     |    |
| If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)   |     |    |
| 4 Do you maintain the following:   |     |    |
| (a) Records indicating the racial composition of the student body, faculty, and administrative staff? . . . . .  |     |    |
| (b) Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? (See instructions.) . . . . .  |     |    |
| (c) Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? . . . . .  |     |    |
| (d) Copies of all material used by you or on your behalf to solicit contributions? . . . . .   |     |    |
| If you answered "No," to any of the above, please explain. (If you need more space, attach a separate statement.)  |     |    |

(16)

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☐ For Part III below, please complete lines 21 through 40, columns: ☐ A and B ☐ C and D.

**Part III Allocation of Expenses by Function**

Note: If line 12, Part I is \$25,000 or less you should complete only the line items for columns (A) and (B), Part III. If line 12 is more than \$25,000 you must complete columns (A), (B), (C), and (D).

Note: Do not include amounts reported on line 5(b), 7(b), 8(b) or 9(b) of Part I.		(A) Total	(B) Fundraising	(C) Program services	(D) Management and general
Expenses	21 Contributions, gifts, grants and similar amounts awarded (attach schedule) . . .				
	22 Benefits disbursed to or for members . . .				
	23 Compensation of officers, directors and trustees . . . . .				
	24 Other salaries and wages . . . . .				
	25 Pension plan contributions . . . . .				
	26 Other employee benefits . . . . .				
	27 Payroll taxes . . . . .				
	28 Fees for fundraising . . . . .				
	29 Other professional services . . . . .				
	30 Interest . . . . .				
	31 Occupancy . . . . .				
	32 Rental and maintenance of equipment . .				
	33 Printing and postage . . . . .				
	34 Telephone . . . . .				
	35 Supplies . . . . .				
	36 Travel . . . . .				
	37 Other expenses . . . . .				
	38 Total expenses before depreciation (add lines 21 through 37) . . . . .				
	39 Depreciation, depletion, etc. . . . .				
	40 Grant total (add lines 38 and 39) . . . .				

- ☐ Please show the amount of your organization's total assets at the end of the year: \$ \_\_\_\_\_
- ☐ Please show the amount of your organization's total liabilities at the end of the year: \$ \_\_\_\_\_
- ☐ If your organization related through common membership, governing bodies, trustees, etc. to any other exempt or nonexempt organization? ☐ Yes ☐ No
- ☒ If you cannot give us all the information requested, please explain on a separate sheet.
- ☐

**DECLARATION**

Under penalties of perjury, I declare that I have examined the Form 990 referred to on the front of this form, including accompanying schedules, statements, and answers to questions on this form, and to the best of my knowledge and belief, it is true, correct, and complete.

**CLIENT'S COPY**

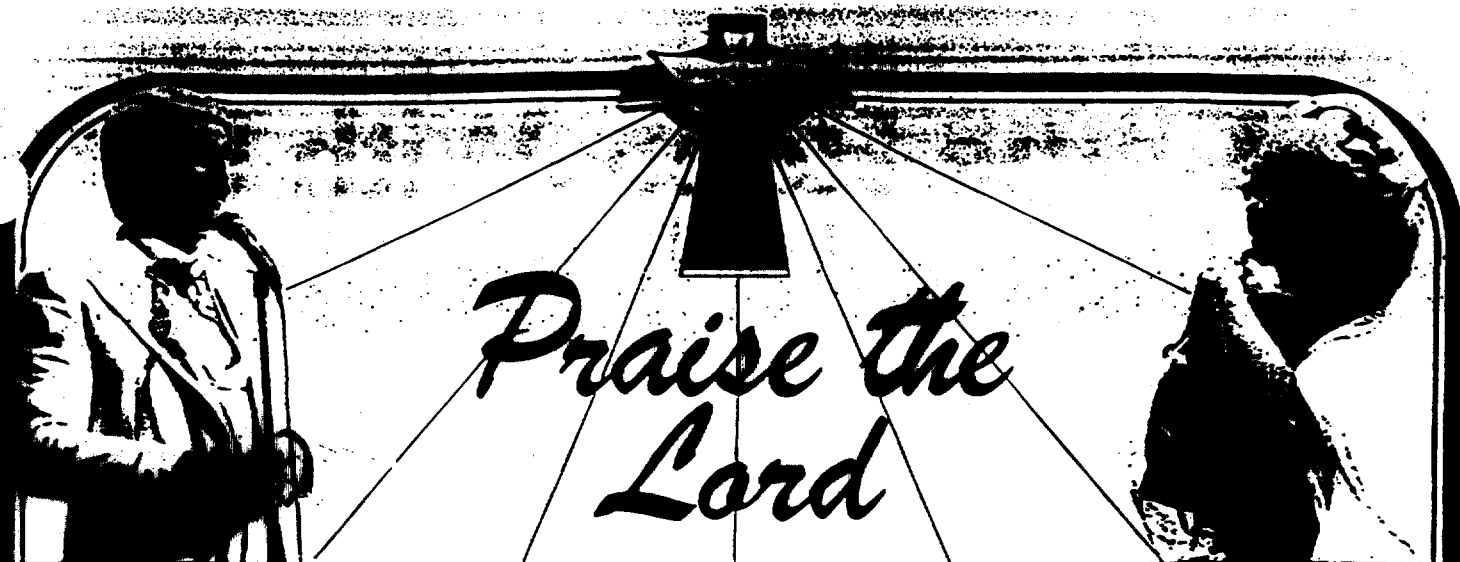
Signature and title of authorized official

Date

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39



VOL. IX NO. VII • TRINITY BROADCASTING NETWORK • P.O. BOX A, SANTA ANA, CA 92711 • (714) 832-2950 JULY 1981

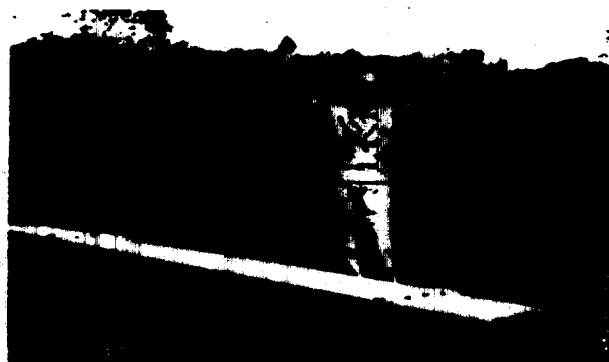
☐ **KTBN CHANNEL 40 • CALIFORNIA** Studios located at 2442 Michelle Dr. (at Chambers), Tustin, California

☐ **KPAZ CHANNEL 21 • ARIZONA** Studios located at 3551 E. McDowell Rd. at 36th

☐ **KTBO CHANNEL 14 • OKLAHOMA** Studios located at 3705 N.W. 63rd at Portland

☐ **WHFT CHANNEL 45 • FLORIDA** Studios located on Pembroke Rd. behind Coca Cola Bottling Co.

## ON TO INDIANA, OHIO, KENTUCKY!



### Beloved TV Partner:

The miracle begins again! By the time you read this letter, construction will have **BEGUN ON CHANNEL 43** . . . the channel that will reach into three states with Christian Television! Cincinnati, Dayton, Richmond and Northern Kentucky — over 5 million souls under the pattern of this **FULL POWER** broadcast TV station. **PRAISE THE LORD!!!**

How exciting to see God fulfill the great promise He gave to us eight years ago. Many of you saw the Special **PRAISE THE LORD** program on May 28 as we celebrated that Eighth Birthday. One of the exciting memories was the Word God had given to us just after we had gone **ON THE AIR** with that first feeble little program on a station in Los Angeles which we did not even own. The promise came through a Word of prophecy which still tingles with the mighty **POWER** of the **HOLY SPIRIT**. In the message was a direct quote from I Samuel 2:5:

*"The barren hath born seven . . . ."*

What a strange coincidence, for that is exactly the maximum number of full power broadcast stations which the FCC will allow one owner to control! How impossible it all seemed at the time — **BUT GOD!**

This will be *Station Number Five*, with only *Two More To Go!*

**PRAISE THE LORD!**

06487

Of course these Seven do not count for the 17 low power translator stations already *On The Air* or the 26 medium power stations which we have filed with the FCC or the 350 cable stations from Coast

*Paul's letter can't page?*

Federal Communications Commission

Docket No. 93-75 Exhibit No. 39

Presented by WMB

Disposition  
Identified 12-3-93  
Received 12-3-93  
Rejected

Report by g. m. d.

Date 12-3-93

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## Our Love Gift to You for Your Love Gift to 100% Christian Television...

Our love gift to you this month of July is a practical little gift which you will enjoy using for your many writing projects. It is also a witnessing tool with the TBN Cross Logo and the 24-hour prayer partner phone number on it. Jan and I hope you will use it to write us a letter sharing with us some of the blessings and miracles of Christian Television! Please tuck in your love gift large or small today. You will never know what a blessing and encouragement your letters are to all of us at TBN...*"My tongue is the pen of a ready writer..." Psa. 45:1*

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